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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### DIPHTHERIA AND ITS TREATMENT.

BY W. T. CHANDLER, M. D.,  
Of Campbellsville, Ky.

This frightful malady, designated by antique writers as *angina maligna*, *angina suffocativa*, *ulcus egyptiacum*, *cynanche maligna*, epidemic croup, etc., has to the profession at present, in many portions of the South and West, an interest paramount to all other diseases, growing out of the wide extent of its epidemic influence, and the frightful mortality attending it. Hence, the writer has thought it not amiss to present the profession with a succinct account of the disease, embracing some of his own experience in its clinical history and treatment. \* \* \*

In spite of some authorities to the contrary, I am in the habit of using a weak solution of nitrate of silver:—

R. Argent. nit., gr. v-x  
Aque, f. ʒij.

This solution I apply to the false membranes with a camel's hair pencil once or twice in the twenty-four hours, detaching as much false membrane as possible by gentle rotation of the brush at each application. This, together with a saturated solution of chlorate of potassa, is used as a gargle, if the child is old enough, or applied to the throat with a mop, every two or three hours, when the patient is too young to gargle.

In case of laryngeal diphtheria, the local deposit is the chief cause of alarm, and our medication must be directed especially to the removal of the laryngeal obstruction. Fortunately, this

is a rare form of the disease, but a very fatal one. Out of four cases of laryngeal diphtheria seen by myself, three have proven fatal. In two cases, the false membrane was ejected; one of the cases, however, died from asthenia after the expectoration of the membrane.

Our chief object of treatment in these cases is to secure the detachment and expulsion of pseudo-membrane, and afterward avert the depressing effects of the diphtheritic poison by suitable means. The application of warm fomentations externally, together with the inhalation of steam from lime-water, may be used. The inhalation of steam has been thought of special service. But the remedy that seems to have served me best was *ipecacuanha* in emetic doses. I have had no experience with alum, so highly recommended by Meigs in similar cases. The emetic should be repeated every three or four hours, or oftener if the impending suffocation warrant it. I am perfectly apprized of the depressing effects of even the mildest emetics, and the urgent necessity of fostering the strength of the patient; but no one who has witnessed the temporary relief they afford, in alleviating the terrible dyspnoea in these cases, will refuse to repeat them. This relief is oftentimes very manifest, even when the false membrane is not expectorated.

As to the use of blisters to the throat, authorities generally, and wisely, I think, condemn them as extremely injurious; they but add their depressing effects to those of the diphtheritic poison, while they promise no good by revulsion. If suffocation become imminent, tracheotomy should be performed, and that, too, before the patient is already comatose from carbonic acid

poison. It is true the operation does not promise any large success, but as Trousseau has put it in reference to true croup, "It is not a question as to the numbers saved, but are any lives rescued by the operation?" It is true that the majority of patients will die in spite of the operation, but it is equally true that lives have been saved by its timely performance. And though the operation is not even as promising as in true croup, on account of the systemic character of the disease, yet the physician is culpable indeed who allows his patient to die without this last chance for his life. Trousseau never did a greater thing for science than when he placed his great reputation at stake to establish this operation among the legitimate operations of surgery. Though the patients die, they say it affords great relief to their sufferings; and it would be justifiable though performed but as an act of euthanasia.

I was not enabled to perform the operation in either of the four cases already referred to, on account of the unreasonable objections on the part of their parents, though I urgently set before them the importance of this last chance for life.

In cases of nasal diphtheria, I injected a saturated solution of chlorate of potassa into the posterior nares, with a catarrhal syringe, several times during the day. Epistaxis is sometimes a troublesome complication of these cases, but generally yields readily to Monsel's solution.

But as diphtheria is a constitutional disease in which the throat symptoms form quite a small part of the danger to life, that class of medication which is directed to the systemic poison *per se* is, of all medication, the most important. When we remember that the mortality from this disease is due to blood-poison, and that the mode of death is by asthenia, the one only rational treatment suggests itself.

Whether the adynamic condition in these cases is due to the absorption of septic matter from the throat, or rather the poison that originally gave rise to the exudation in the throat, and is sufficient to account for the profound blood-poison that manifests itself, or tends to manifest itself, in all true cases of diphtheria, is immaterial. The profound nervous prostration that follows calls for the same class of treatment. Hence, at the very onset, before the supervention of alarming symptoms, the system should be fortified by tonics, stimulants, and

nutritious food, all of which should be increased with the augmenting demands of the case. Of the individual remedies to be employed, we find no remedies in our pharmacopœia so well calculated to fill the indications as quinine and the muriated tincture of iron. These remedies have stood the test of experience, and come to the profession to-day guarded by the dicta of the highest authorities in the land, and consecrated by the test of chemical experience. Quinine is one of the greatest of antizymotics; its influence over microscopic fungi and germinal cells, together with its antipyretic properties, are too well known to need discussion. Quinine, according to Sidney Ringer, is taken into and circulated with the blood unchanged, and excreted by the kidneys in the same unchanged form. As in diphtheria and similar diseases, a poisonous principle undoubtedly circulates in the blood, undergoes zymotic changes, and, finally maturing, is excreted. Hence it is easy to explain the influence of quinine (from its known properties) in aborting the cumulative changes in the blood of the diphtheritic poison. In addition to this, quinine is a nerve tonic, exalting the tone of the nervous system, and counteracting the depression of the diphtheritic poison on the nerve centres. The muriated tincture of iron has long held a very high place in the treatment of diphtheria, and, when properly diluted, forms, in addition to its tonic properties, a very elegant throat-wash. Some writers have thought its action due to the internal disinfecting properties of the sulphuric acid; be that as it may, it is certainly a powerful remedy in diphtheria.

There are a variety of other remedies that have been thought to possess something of a specific action in treatment of diphtheria, such as the sulphites of soda, magnesia, etc. These remedies are given both internally and applied locally. Prof. Jackson has advocated the internal administration of the permanganate of potassa. It has also been used as a local application.

Of late, the attention of the profession has been called to the use of the new disinfectant, salicylic acid, in the treatment of diphtheria. It is used internally, in doses of from one to four grains. It is also used locally as a gargle:—

R. Salicylic acid,	4 parts
Alcohol,	1 "
Water,	12 "

But there are no specifics in the treatment of

this disease: the great desideratum is to sustain the vital forces until the disease shall have exhausted itself, hence the necessity for stimulants, brandy, wine, etc., freely administered, and in quantities commensurable with the demands of the case. Prof. Enos gave one-half ounce of brandy hourly to a patient thirteen years of age, with advantage. Equal, if not of superior importance to medication is alimentation; the tissue waste must be met by an adequate supply of nutritious food. Those articles that are the most easily digested and yield the largest percentage of tissue-building elements should be selected—such food as is most easily assimilated, and with the least expenditure of vital force, such as milk, raw eggs, and the extract of beef. They should be given freely and without stint.

The very idea of starving diphtheria is but driving another nail into the patient's coffin. It is to be hoped that the time will soon come when the starving of patients with diphtheria will be looked upon and reverted to in medical annals as a matter of past history and exploded superstition.

Purgatives may be occasionally demanded in diphtheria, but they should only be given to relieve constipation and keep the bowels moderately soluble; for this purpose, castor oil or the aromatic syrup of rhubarb may be given, and repeated as the exigencies of the case may demand.

As to the use of calomel and the so-called liver medicines, so much advocated by some practitioners, I have but little to say; they are, in my opinion, to say the least, useless.

There are a great many opinions in medicine that rest their claims to validity upon years of unchallenged misuse; and, after years of undisputed cholagogue properties, we find Hughes Bennett and the Edinburgh committee, after an impartial investigation upon animals, returning, to the surprise of the profession, the startling intelligence that calomel does not increase the flow of bile, and that "purgation from any cause lessens the amount of bile and the proportion of its solid constituents;" since which time functional derangements of the liver have lost much of their former importance, and it is to be hoped that the day is not far distant when the liver shall be allowed to perform its modest little function in the animal economy in peace, unmolested by the insinuating slanders of an over-prejudiced profession.

The total suppression of urine is a very unfavorable complication in diphtheria, and, unless early relieved, will lead to uræmic poison, convulsions, coma and death; in this condition, diuretics may be given, but they will generally fail to relieve the patient.

If the heart's action is feeble and frequent, digitalis, by regulating the action of the heart, probably promises as much success as anything, by increasing the pressure of blood in the glomeruli of the kidneys.

In cases of partial suppression of urine, digitalis and the acetate of potassa will sometimes afford marked relief.

As regards the paralytic sequelæ, all authorities are agreed as to their temporary nature. Should their duration, however, become prolonged, strychnia, local faradization and passive motion may be employed, to hasten the resumption of nerve action.

### HEMATURIC MALARIAL FEVER.

BY W. B. TACKET, M. D.,

Of Outhbert, Ga.

This disease being now the great scourge and dread of malarious regions, and as everything that throws even the faintest ray of light on the subject is read with the keenest relish, I am induced to report my last two cases. Drs. Johnson and Bruce have lately written exhaustive and valuable articles on the disease; both having had a fine field for investigation, and being eminent men in the profession, they have given all the history and pathology of the disease necessary to enlighten the uninformed, and to their articles such are referred; my object being merely to report treatment as above stated.

Mr. S. A. G., aged thirty years, having had chills and fever all his life, was taken October 20th with a chill, coming on about night, and immediately began to pass large quantities of bloody urine, the skin and conjunctiva becoming a perfect saffron color in an incredibly short time. It was daylight on the 21st when I reached him, being twelve miles distant. I found him, also, vomiting bile incessantly, with frequent and copious dark discharges from the bowels. I immediately put him on ten-grain doses of iodide potassa and ten drops spirits turpentine every four hours. I hoped to relieve the harassing nausea by a blister over the epigastrium.

But in this I signally failed, notwithstanding two ounces of fresh blistering cerate were spread upon a cloth six by eight inches, and allowed to remain on for twenty-four hours. I was anxious for the blister, having no "fears of danger from an aggravation of the urinary trouble." I found, however, that an occasional dose of sulph. morphia and ice had a partial effect in calming the stomach. But it is vain to attempt a compromise with this rebellious organ until the graver symptoms of the disease have passed. I also gave him a three-grain pill of sulph. quinine every three or four hours, as the stomach would bear it. And here I must, with becoming modesty, differ with Dr. Bruce on the administration of this invaluable drug. If the disease is of a malarious origin, as all admit and its name implies, and quinine the only reliable antiperiodic in the known world, and one of the infallibles in the elimination of malarial poison from the system, to say nothing of its tonic effect and as a supporting measure, then why not give it? Because, he says, it makes the patient apparently worse. But how many articles of the *materia medica* make sick people apparently worse, when we know that it is only apparent, and do not withhold them on that account. The surgeon's knife is not to be spared because of the pain it inflicts.

On the third day of the attack he threw up enormous quantities of matter of an indigo-blue color. I then suspended, for the day, the iodide potassa, and substituted small doses of calomel in its place, floated upon water, hoping to change the character of the vomited matter, and which had the effect of bringing it back to a yellow, healthy-looking bile. The calomel was not given in sufficient doses to defibrinize the blood any more than was being done already; for this red urine is the debris of the red corpuscles of the blood, broken down and disintegrated, and not the coloring matter—the elements of blood before it is formed as such, as was once, by some, supposed. After this the patient was put back upon the former treatment, with milk punch, squirrel soup, egg-nog, etc., as his stomach would bear them. In three or four days the blood entirely ceased to appear, giving place to a perfectly black urine, which became a little lighter-colored day by day, until it resumed a healthy amber color, the febrile symptoms abating in the same ratio, and his appetite slowly returning. To make his convalescence more certain, and prevent a recur-

rence of the disease, he was put upon the following:—

R.	Quinæ sulph.,	3ij
	Acid. arseniosi,	grs. iij
	Strychniæ sulph.,	grs. ij
	Ferri sulph. exsic.,	3j. M.

Fiat in pil. no. lx.

Sig.—One pill three times a day.

The other case was treated precisely, or as near as could be, like the first, both being young men, and nearly in the same condition. They both made a good recovery, and much more rapidly than any cases I ever treated before. Of course, two cases do not constitute a sufficient test in any given plan of treatment in any disease; but when a certain course is followed, and a signal success had, the mind is strongly prejudiced in its favor, and great encouragement is given to pursue the same course in similar cases, should they occur again.

In the treatment of this disease failure to cure has been almost, if not quite, the rule in all the severest cases. Dr. Bruce attaches all importance to nitric acid, and seems almost solely to depend upon it, and it may be powerful for good, for aught I know; but there can be no doubt of the foregoing plan of treatment, if two typical cases can be regarded as a criterion. I hope other members of the profession who live in malarious regions, where abundant opportunities will likely present themselves, will try the remedy, and report success or failure.

#### HYPERTROPHY OF THE SCROTUM AND PREPUCE—EXCISION—RECOVERY.

BY J. W. MEARS, M. D.,  
Of Monterey, Mexico.

A Mexican, named Lopez, aged 39 years, presented himself to be examined and treated, and the case presented the following appearance: The penis and scrotum enlarged to an enormous extent, the former of which, in its general appearance, resembled an elephant's trunk, about fourteen inches long, four of which were the prepuce, its circumference being nearly in proportion to its length. The scrotum was immensely large, and its surface, together with that of the penis, was very irregular, full of lumps, white pustules and small openings, the whole surface having somewhat the appearance of a sieve.

There was no opening, externally, communicating with the mucous membrane of the pre-



puce, which stood almost at right angles with the main body of the penis, and which resembled very much the coronal gland, so much so as to be mistaken for that part. From the patient's account, it has been four years since he was able to pass his water through the urethra, or even at all, without undressing himself and straining for some time, the water escaping in drops from different parts of the penis and scrotum. More or less matter was constantly being discharged, the tissues being much indurated as far up as the crest of the pubis, and the hypertrophied condition of the parts rendered the patient almost incapable of walking across the room, in consequence of which it was advisable to remove the diseased parts by excision.

Dr. J. B. Mears commenced the operation by making a longitudinal incision the whole length of the dorsum penis, and nearly as high up as the crest of the pubis; the skin and cellular tissue were then removed, exposing the membranes covering the spongiosum and cavernosum penis. The testicles were then exposed in a like manner, the raphe of which was almost cartilaginous. In dissecting off the parts, we discovered a number of little sacs containing pus. As mentioned before, the external opening of the prepuce was entirely obliterated, and infiltration of urine had taken place very extensively; considerable hemorrhage took place, but no ligatures were necessary. The patient, being completely under the influence of chloroform, appeared to suffer very little during the operation. The raw surface was bound up in a dry linen cloth, and an anodyne administered. He slept very well for two or three hours, and then water was made with perfect ease. The patient continued to do well with cold-water dressings, until a month since, when the parts enlarged very fast. The surface was painted or penciled with tinct. iodine, and constitutional treatment commenced, with variations of iodide of potassium; he was greatly relieved, all enlargement having subsided, and is now nearly well.

The history of this case is very obscure. According to his account, which was by no means a clear one, about five years ago he had some shooting pains about the parts, and soon afterward discovered that one side of the scrotum was enlarged, but not sufficiently to attract much attention; this, however, in the course of time, became so troublesome that he had to give up sexual intercourse. Notwithstanding all this

time he had been under active treatment by other surgeons of this city, his condition became worse until the operation. My opinion is, that the hypertrophied condition of the parts was brought about by the prepuce being completely closed, and infiltration of urine taking place, a continued course of irritation was kept up, producing the condition I have endeavored to describe. The patient now confesses that he passes his water with greater ease than he has for several years past; and from the circumstance of the glans being proportionally smaller than the other parts of the organ, it may have been a case of congenital phimosis. The case is now well, yet the parts will always be more or less indurated and enlarged from the cicatrization.

## HOSPITAL REPORTS.

### PHILADELPHIA HOSPITAL.

SERVICE OF DR. JOHN H. BRINTON—SURGICAL CLINIC, DECEMBER 1, 1875.

REPORTED BY ALFRED WHELEN, M. D.

In commencing his clinic, Dr. Brinton exhibited two cases of corroding *venereal ulcers*; these occurred in girls from the venereal ward. In the first case the ulcer was situated on the buttock, in the other the sore was at the posterior commissure of the vulva. Both of these lesions were secondary, and had existed for several weeks. Cauterization by nitric acid had been already employed, and by this means the spreading of the sores had been checked. The resulting surfaces, however, were unhealthy; the granulations were pale and flabby, and evinced but little tendency to heal.

It was in just such a case, the lecturer stated, that iodoform could be used with good effect. It often happens that a sore which has been cauterized, and especially a secondary ulcer, will granulate to a certain extent, and will then remain in statu quo; the process of granulation comes to a halt, or may even indeed recede, and further decided stimulation is necessary. In the cases exhibited to the class, Dr. Brinton again applied the nitric acid, having first carefully cleansed the foul secretions from the ragged surfaces. The application of the fuming nitric acid was at first extremely severe; but the pain was almost instantaneously checked by the application to the cauterized surface of a solution of two grains of carbolic acid to the ounce of lime-water. This preparation had been suggested by Dr. Nickerson, one of the house residents, and had been employed by him on many occasions with almost a marvelous effect. The subsequent dressing directed in these cases was an ointment of iodoform, twenty grains to

the ounce, to be increased gradually in strength, until the powdered iodoform alone should be used.

The next case brought before the class was one of *syphilitic onychia*, of six weeks' standing. This occurred in a woman, aged 25 years, and appeared five months after the primary infection. Syphilitic onychia, the lecturer remarked, was a comparatively rare affection, and was more frequently met with upon the finger nails, than upon those of the toes. The trouble is secondary in its character, and occurs synchronously with eruptions upon the skin, mucous patches, and condylomata. It commences by an inflammation of the matrix of the nail, and by an opacity and discoloration of the nail itself, which becomes rigid, distorted, and easily broken. Ulceration often takes place beneath the nail, accompanied by a discharge of ichorous pus, and by the growth of fungous granulations. Occasionally the inflammation may attack the whole end of the finger, and involve the last phalanx in caries or necrosis.

In the patient before the class, the progress of the affection had been checked by the mercurial treatment. New nails were forming on each of the three fingers involved, and the old nails were being gradually exfoliated. This process of reparation was very beautifully illustrated, and the woman was in a fair way of recovery. The treatment alluded to was directed to be continued, the patient to be carefully watched, and the drug to be discontinued on the first appearance of tenderness of the gums.

#### Urethral Stricture.

C. J., a man aged 35, contracted gonorrhoea five years ago, followed by a continuous gleet. Difficulty of urination was experienced about two years since, which had gradually become more and more aggravated up to this time.

Now, all of the well-marked symptoms of stricture were present: difficulty in urination, a forked, dribbling stream, with almost entire loss of propulsive power. The patient was obliged to pass his water very frequently, or rather attempt to pass it, for the amount voided at any one time was exceedingly small. The efforts at urination were repeated eighteen or twenty times in the course of a day, and ten or twelve times during the night. On examination by an ordinary steel sound, a firm stricture was found six inches from the meatus, which obstinately refused to permit the instrument to pass it.

The lecturer remarked that patients with stricture usually present themselves to the surgeon under one of two conditions: In the first place, a man may experience a moderate degree of trouble in urination, while being able to relieve his bladder to a sufficient degree by attempts more or less prolonged. He desires to be cured, to be set right, and seeks professional advice. In another patient, the condition may be an urgent one; the trouble may have progressed to a very decided extent, and, as in the

man upon the table, urination may have become most painful and imperfect, giving rise, in fact, to a greater or less degree of retention.

These different conditions, Dr. Brinton stated, should be carefully borne in mind, since in each case a different examination and treatment might be indicated. In the first instance, the surgeon may, if he like, explore the urethra by a sound or catheter of some size, say number seven or eight, or nine of the English scale. In the latter case, when retention of the urine exists, and when the immediate object of the surgeon is to relieve the patient and empty his bladder, large instruments should not be used at first. Upon this point the lecturer laid great stress, stating that the pressure of an instrument—for example, a number eight—against a firm stricture with a narrow opening oftentimes would so jam or disarrange the opening through the stricture, as almost to render the passage of a filiform instrument impossible, at all events, until after the patient had passed some urine, which, perhaps, at the time, he might be unable to do. In order to attain the full value and effect of a filiform or guiding bougie, it should be employed at the beginning of a manipulation, and its use should not be preceded by the insertion of any other instrument. The truth of this assertion, the lecturer stated, could readily be verified upon any case of stricture.

In the case of the patient upon the table, where the bladder had not for some time been fully relieved, Dr. Brinton proceeded to insert one of the finest whalebone filiform bougies. This instrument, which was made by himself, with a draw plane and penknife, was very much more delicate than any of the filiform bougies for sale in the shops. The lecturer then passed the whalebone rapidly down the urethra until it came in contact with the stricture. In a minute or so, after gentle rotation, it passed through the stricture and entered the bladder. Over it a tunnelled Genley's catheter of the smallest size was carried, until the stricture was reached. At this point, the lecturer counseled the class to avoid endeavoring to penetrate the stricture by simply pushing or sliding the metallic catheter along the whalebone guide. This course, he stated, would not unfrequently fail, besides being rough, and apt to cause bleeding from the mucous membrane. Sometimes, too, the whalebone might be damaged and cut by the edge of the metal instrument. The manoeuvre he advised was simply to withdraw the whalebone for half an inch, and then grasping both instruments, whalebone and catheter, to slide them in together, and to repeat this little manoeuvre until the bladder should be reached.

Exemplifying his remarks by his practice, the catheter in a few seconds was carried into the bladder, and the urine drawn off. The metallic catheter was then removed and a series of flexible instruments, commencing with number one of the English scale, were rapidly and successively inserted, coming up to number nine of

the English scale, equivalent to number fifteen of the French metrical series. The subsequent treatment, the lecturer stated, would consist in the introduction of flexible instruments for alternate days, the patient being taught to introduce the catheter himself.

Dr. Brinton closed his lecture with some remarks upon the relative value of flexible, and metallic instruments in the treatment of stricture. In its place each variety of instrument is valuable, but not to the exclusion of the other. In general terms it might be stated that the function of the flexible catheter or bougie is to render the passage through a tortuous stricture straight. This having been accomplished, the canal having once been made straight, its dilatation up to the proper calibre could be most conveniently carried on by means of the metallic instrument. The choice of instruments, metallic and flexible, and the best method of using each, would form the subject-matter of a clinical lecture hereafter.

#### UNIVERSITY HOSPITAL.

SERVICE OF PROFESSOR LOUIS A. DUHRING.

REPORTED BY ARTHUR VAN HARLINGEN, M. D.

#### Eczema Rubrum of the Thigh—Diffused Psoriasis in a Child—Eczema Rubrum of the Ears.

The first patient is a boy about twelve years of age, of somewhat strumous appearance, but well nourished, and said to enjoy good health. The present skin affection made its appearance some six months ago, and has persisted ever since, being at times worse and then again better. There is no history of previous disease of the skin. The affection is situated on the posterior surface of the left thigh, in the form of two roundish patches the size of the palm. One of these is midway between the hip and the knee, the other is in the popliteal space. About the thigh, close to the perineum, two coin-sized, roundish, indistinct, squamous patches are to be seen. A small, somewhat faintly defined irregular patch of disease may also be observed in the right popliteal space. This latter is somewhat reddish, only slightly infiltrated, and is entirely squamous in character. The two principal patches are considerably infiltrated, red, and present a fluid exudation, yellowish in color, and of viscid consistency, which has been poured out in sufficient quantity to ooze through the stocking.

It was to this last feature that Dr. Duhring first called attention. Oozing or exudation of fluid from a patch of disease like this occurring in so young a subject would alone point strongly to the existence of eczema. Hence this fact is important in a diagnostic point of view. The history of the disease, as related by the boy's mother, shows that moisture or weeping has been a frequent accompaniment to the affection. The statement is confirmed by the presence of

crusts of dried serum which are to be seen everywhere over the surface of the patches. Itching has been a prominent symptom from the first, we are told by the patient, and that it continues to be such we may easily perceive from the abundance of scratch marks and the thickened condition of the skin.

The history and symptoms then point unmistakably to eczema as the affection present, and the variety is that known as eczema rubrum or madidans, terms convenient to denote the state in which the eruption is found. For the present local treatment alone is to be recommended, for the disease being entirely local this will in all probability prove sufficient. The following ointment may be ordered:—

R. Hydrarg. chlor. mitis., ʒss  
Ung. simplicis benz., ʒj.

The patches are to be washed twice daily with castile soap and water, dried, and the ointment rubbed thoroughly in. In a couple of weeks or so the patches will probably be ready for a weak tar ointment, say a drachm of tar to the ounce of lard.

The second patient is a slender, pale girl, some nine years of age, showing an eruption pretty generally diffused over the head and limbs, and to a less extent over the body. The scalp is most extensively affected, being nearly covered with patches of scales coalescing along the borders of the hair, particularly over the forehead. Elsewhere the eruption consists of numerous pin-head to pea or coin-sized patches of red infiltrated skin, the borders of which are very distinctly defined, and which are covered with a thin layer of fine white epidermic scales. On the elbows and knees the patches are thicker than elsewhere, and are covered with thick epidermic deposit. The little patient's health is fair, though she is not very well nourished, and suffers from cold hands and feet. None of the family have ever suffered from a similar disease. The affection first showed itself two years ago, and it has persisted ever since, sometimes being better, at other times worse. Occasionally it smart and itches considerably. It is always worse in winter.

This patient, Dr. Duhring said, was unusually young to be the victim of psoriasis, for this disease seldom attacks the individual who is to suffer from it before the tenth year, and frequently not until much later in life. The treatment should, in this case, be a tonic one. The child is thin, poorly nourished, pale, and almost anæmic. Iron is here indicated, rather than any remedy directed more specifically against the disease, since such a case should be treated upon the general principles of medicine. The aim should be to further improve the patient's health by generous diet, etc. Wine of iron, containing a liberal amount of the ferruginous constituent, should be given for a period extending over several months. The local treatment should be mild and not too stimulating. Warm baths should be employed



several times a week, the scales being removed at such times by the use of castile soap. After their removal the following ointment may be employed:—

R. Acid, carbolic, grs. x  
Unguent. adipis, 3j. M.

The third case is that of an old woman, somewhat feeble, but in fair health, who has been subject to attacks of eczema, at intervals, for several years. The present attack, she states, dates back several months, and the disease has, in the last week or so, been getting very rapidly worse. The eruption occupies both ears, attacking both the inside and outside of the auricles; it extends on either side, slightly over the region of the scalp, and at the back of the neck a few scattered points of disease can be observed. The ears are hard, stiff, swollen and red, and covered with yellowish crusts, composed of serous discharge and of blood. Back of the ears the discharge is quite copious and mats the hair together. Fissures are here and there noticeable, especially back of the ears. The disease is attended with much itching.

Bearing in mind the character of the disease, Dr. Duhring remarked—namely, the distortion of the ears, the swelling, stiffness, oozing of serous fluid mixed with blood, the yellowish and bloody crusts, the fissures and the violent itching, which is a constant symptom—no difficulty can present itself in the diagnosis. Late syphilitic deposits occasionally show themselves about the ears (very rarely symmetrically, however), as in the case before the class last week.\* The history of the disease in syphilis, the appearance of the lesions, the presence of a thick patch of deposit, the ordinary occurrence of ulcers, the absence of itching and all true inflammatory symptoms will always be sufficient to render the diagnosis easy.

The treatment to be followed is the same as that employed in acute eczema, for, although some months old, it is still running an acute course. The patient shall be ordered the following:—

R. Lotion nigra, f. 3 viij.

Sig.—Sop on the affected parts, and allow to dry.

Then apply the following ointment:—

R. Unguent. zinci oxyd. benz., 3j.

This is to be smeared gently over the surface. These applications are to be made several times in the twenty-four hours. In the course of a week or so, a weak tar ointment may be substituted. Tonics, nourishing diet, etc., shall be recommended. The prognosis should be cautious, as cases of this kind are apt to be tedious.

\* Dr. Duhring here alluded to the case of syphilitic ulceration about the ear published in *REPORTER* of December 4th, 1875.

## MEDICAL SOCIETIES.

### NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, December 8th, 1875, Dr. Delafield, President, in the chair.

#### Rupture of Heart.

Dr. R. E. Van Giesen, of Greenpoint, presented a specimen of rupture of the left ventricle of the heart. The history of the case was interesting from the fact of its showing a premonitory stage, and was as follows:—

A man, aged sixty-five years, had been suffering from severe grief for the loss of a near friend; on the 23d of November he was seized with a sudden vertigo. Two days later he had an attack of nausea and vomiting, accompanied with pain in his chest, when he was seen by Dr. Van Giesen. He had never been sick previous to this attack. He felt comfortable during the evening of the day on which he was seen by the doctor, and continued so until one o'clock the next morning; at that time, whilst urinating, he sprang from his bed and dropped dead.

*Autopsy.*—This was made thirty-three hours after death. The pericardium was half filled with fluid blood. The right ventricle of the heart was very thin, and a rupture about an inch in length existed at a point near the septum. The heart seemed to be fatty from a superficial examination, and was referred to the microscopical committee for report. The liver was fatty, and extended to the border of the third rib.

The President, in answer to Dr. Van Giesen's question, as to what was the cause of the preliminary trouble, said that cases occur in which the rupture is gradual and oblique. In cases of such a class, premonitory symptoms exist, but in the case presented there were no evidences of such a condition.

Dr. Van Giesen said that while he was a surgeon in the navy he witnessed the death, from rupture of the heart, of a gunner named Ripley, who, in asking for a chew of tobacco, reached out his hand and dropped dead. At the autopsy, the rupture was found to have occurred on the anterior surface of the ventricle; its wall was as thin as tissue paper. The pericardium was filled with coagulated blood, a perfect cast of it and the heart having thus been formed.

#### Dyspnœa from the Dropping of a Molar Tooth into the Trachea.

Dr. Van Giesen presented another specimen, viz., a molar tooth with a history as follows: A patient, who was recovering from typhoid fever, had been suddenly seized with dyspnœa. When the doctor arrived the man was recovering from the attack. On examination of the lungs and larynx, no sign or cause which would give rise to such a symptom could be found. The patient had recovered by the next morning, but the dyspnœa returned about an hour after the doctor's visit. Dr. Van Giesen thought that a



crumb of bread might have accidentally fallen into the trachea, but the patient's friends said that he had eaten no bread for some time. In the course of the day, while coughing violently, he expectorated a molar tooth. It was supposed that the tooth had been very loose, and had fallen through the chink of the glottis while the patient was asleep.

#### Diphtheria of Larynx and Trachea.

Dr. Andrew H. Smith presented the larynx and part of the trachea which he had taken from a patient who had died of diphtheritic inflammation of those parts.

The patient, a physician of this city, aged thirty-three, was attacked with diphtheria. During the first three or four days of the malady the symptoms were not very severe and no treatment was pursued; however, the disease soon reached the larynx, and at the end of ten days he suffered greatly from dyspnoea. He urgently requested that tracheotomy be performed, which was done. This relieved the dyspnoea. A few hours later he sank and died of exhaustion. The diphtheritic membrane had extended into the trachea, and it was suspected that the bronchi were involved. This, however, could not be demonstrated, as the autopsy had only been partial; *i. e.*, the larynx and upper part of the trachea having alone been obtained.

Dr. Beverly Robinson asked what had been the experience of the members of the society regarding the swelling of the cervical glands in toxic diphtheria. He said that the authorities were divided on this subject, some considering it as a very unfavorable symptom, while others regarded it as quite the reverse.

Dr. Van Giesen said that in his experience, which had been large, he had seen the largest number of fatal cases occurring in patients who had no swelling of the neck. Dr. Sanford was of the same opinion as Dr. Van Giesen, and said that the subject had been brought before the King's County Medical Society and specially considered, the conclusions being that when swelling of the neck occurred the prognosis was deemed more favorable than in those cases in which this did not take place. Dr. A. L. Loomis coincided with Dr. Van Giesen's opinion.

#### Obliteration of Frontal Sinus.

Dr. Smith presented another specimen, showing a total obliteration of the frontal sinus.

#### Fibro-cellular Tumor of the Thigh—Scirrhus of the Breast.

Dr. Sell presented a specimen of tumor of the thigh, with a history as follows: A lady aged fifty-seven years, single, fourteen years ago noticed a small tumor, pedunculated, about the size of a pea, and situated on the outer side of her thigh; it increased steadily in size, and ten years ago had become as large as a hen's egg. Five years ago its size was that of a closed fist. Its growth had been more rapid for the past year. It was removed by operation, and weighed three pounds; three days before it

showed signs of sloughing. The President said that the growth belonged to that variety of tumors described as fibro cellular tumor of the thigh by Paget.

Dr. Sell presented a second specimen, which was a small portion of the right mammary gland that he had removed from a woman aged fifty; she had married at the age of forty-five, and had borne a child at forty-six. Twelve years ago she noticed a tumefaction of her breast, and retraction of the nipple, the axillary glands having become involved only recently. The tumor was, on examination, found to be a scirrhus.

#### Death from Ether—Chronic Ulceration of the Endocardium.

Dr. Finnell presented the larynx of a patient who died at the Homeopathic Hospital while he was undergoing an operation for the removal of necrosed bone from the superior maxilla. The larynx was oedematous. The patient was the subject of necrosis of the superior maxilla, and an operation was deemed advisable. Ether was administered, and an incision made through the lip, extending in a semicircular direction over the superior maxilla. At this stage of the operation, the patient became cyanotic, and soon died. The patient was immediately held up by his heels, with a view of clearing the trachea of blood, as it was suspected of being the cause of the difficulty, but this measure proved of no avail. The time which elapsed between the commencement of the administration of the ether and the death of the patient was ten minutes. Two and a quarter ounces of ether was the amount used, and was the purified ether manufactured by Dr. Squibb.

*Autopsy*—No blood could be discovered in the trachea. The heart weighed six ounces, and was fatty. No other lesions were found anywhere. A strong odor of ether emanated from the brain.

Dr. Finnell presented another specimen, *viz.*, a heart which showed chronic endocarditis and rupture of the aortic valves. A policeman, aged thirty-eight, was taken sick with fever, three weeks before his death. He complained of having chills, which were followed by fever. No other symptoms could be detected beyond that.

*Autopsy*.—Chronic endocarditis and atheroma, accompanied by rupture of one of the aortic valves, were the lesions visible about the heart. There were evidences of an old pleurisy on the left side of the chest. The intestinal tract showed no lesions which were found in typhoid fever. The death certificate had been signed "typhoid fever" for a want of a better diagnosis, and the opinion of the society was asked by Dr. Finnell as to its being justifiable under the circumstances.

Dr. Loomis said that he thought the fever was not typhoid in character, but remittent; and was of the opinion that the diagnosis of typhoid fever could not be sustained unless enteric lesions were found.

The President said that many cases of fevers are now seen in practice, which run for two or three weeks, but are not typhoid.

Dr. Heitzman said that typhoid fever may be present without intestinal lesion, and gave instances of cases which had been reported in Europe.

The President was of the same opinion as Dr. Heitzman regarding the cases mentioned, but he thought that a diagnosis of typhoid fever without intestinal lesions was unsafe.

Dr. Loomis said that the eruption and diarrhoea were the symptoms that must be relied upon in the diagnosis of typhoid fever. After an illness of five or six days, the temperature in typhoid and remittent fevers did not vary; in both, tympanites and diarrhoea may be present, and when the remittent assumed the typhoid type it became very difficult to distinguish between them. The eruption is not common to both, and upon that basis must the diagnosis rest.

Dr. Van Giesen said that Dr. Loomis' remarks would lead them to suppose that typhoid fever could not exist without the presence of the eruption and diarrhoea. He had found many cases where neither the eruption nor the diarrhoea was detected. The thermometer, in his opinion, was of great use in determining the nature of the disease. Malarial fever, he thought, seemed to complicate typhoid fever, for during its progress he had found the temperature to reach 107°, and then become lower without any untoward result, *e.g.*, intestinal perforation. This complication, he thought, had existed in about twenty of his cases.

Dr. A. H. Smith said that during the war he had seen a group that was distinctly typhomalarial.

#### Scirrhus of the Breast.

Dr. Finnell presented a scirrhus tumor of the breast, which he had removed. A married woman, aged 30, eight months ago noticed that her breast was painful, this being accompanied by an enlargement of the axillary glands. The nipple was not retracted, but the breast was very painful. Only slight hemorrhage occurred during the operation, and the wound subsequently healed. The whole gland was diseased.

Dr. Finnell wished to know the best method of treating patients who were the subjects of cancerous disease of the breast, as he had three cases now under his own observation, and could not decide as to the advisability of operating.

Dr. Sell said that the statistics were favorable to the operation.

Dr. A. H. Smith said that if the disease were local, an operation would be beneficial; but that if the system was infected with the disease, the operation would only be doubtful in its results.

#### Glandular Formation in the Stomach.

The President presented a specimen of transverse section of the parietes of the stomach, exhibiting a glandular formation, which was either congenital or new. It was situated between the mucous and muscular layers. The patient, a man, had died of chronic Bright's disease. There was a large amount of thickening of the coats of the stomach, and the glandular elements could be detected by the naked eye in the section presented. It could be regarded only as a pathological curiosity, there being only two or three cases of the kind on record.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### The Form of Alcohol to be Used Medicinally.

The above question is discussed in the *American Journal of Pharmacy*, by M. A. W. Miller. He says:—

Raw corn whisky or high wine, such as is used for the manufacture of alcohol, is undoubtedly strictly pure, as there is no incentive whatever to its adulteration. Nevertheless, many vile epithets, such as Jersey lightning, rot-gut, etc., are heaped upon this, simply because it is lacking in smoothness, oiliness and body; so that it meets with little favor among those who are sufficiently familiar with it to recognize at once its want of age.

In the asthenic forms of many diseases, it is

of prime and often even of vital importance to administer alcohol. Nothing as yet known so well substitutes the functions of food, and thus bridges over the chasm of greatest prostration, during which the system would otherwise inevitably succumb.

While we cannot and dare not dispense altogether with a drug of such inestimable value, what is there to be gained by running the unnecessary risk of inculcating a taste for the truly fragrant bouquets of choice French brandy, or the almost equally precious old Kentucky Bourbon? We can well afford to dispense with this meretricious and alluring *haut goût* of liquors, which, even in their purest state, are but too apt to win boon companions, ready and willing to follow their enticing solicitations.

The economic aspect is another strong point

in favor of the introduction of plain rectified spirit into use as an official medicine. Why should the poor day laborer, suffering, perhaps, from typhoid fever, or, it may be, pulmonary phthisis, be compelled to devote his entire compensation for two or three days of hard toil to the purchase of a bottle of pure imported brandy, when the value of an equal amount of pure spirit, from which he will derive quite as much benefit, can be earned by him in as many hours?

We may sum up as follows: Rectified spirit is almost always strictly pure, while the more expensive liquors invariably contain fusil oils, and very frequently other impurities. The current market price of rectified spirit at present is from \$1.25 to \$1.50 per gallon, that of fancy flavored liquors ranging from \$2.50 to \$12. While the taste and odor of rectified spirit is not so tempting as that of the choice cabinet liquors, it is entirely free from the disgusting smell and flavor of the ordinary diluted alcohol.

#### Sulphuric Acid in Diseased Joints.

At Guy's Hospital London, says the *London Medical Times and Gazette*, the treatment of diseased joints by sulphuric acid is likely to be fully tried. Mr. Cooper Forster has resorted to it in one or two cases, and some weeks ago we had the opportunity of seeing the method applied by Mr. Durham.

Three patients were thus treated on this occasion, all of whom were suffering from advanced pulpy degeneration of the synovial membrane of a joint, and in one case a condyle of the femur was also necrosed, and a small piece of bone was removed from the joint with forceps. Four joints in the three patients were operated upon; in one patient the ankle-joint, in one the knee, and in one the knee and the wrist-joints were the seats of disease. The mode of operating was simply to make one or more incisions into the joint, let out any flaky or puriform fluid which might be present, and then to stuff strips of lint soaked in a mixture of one part of the sulphuric acid of the shops with two of water, into it. The parts were then covered with carded oakum and a bandage, and the limb was fixed on a splint. No great amount of pain can be produced by the application, for one of the patients seemed quite comfortable and without any sign whatever of suffering, when we saw her again, about half an hour after recovering consciousness from chloroform.

Through the courtesy of Mr. Howse we saw, at the same visit, several cases of excision of the knee-joint which had been operated upon by him. Mr. Howse operates in the usual way, but his method of immediate after-treatment is somewhat different in some of its details to that which is generally followed elsewhere. After the operation is finished, and before the patient leaves the operating-table, the limb is set in a modified McIntyre splint, such as has been before described in these columns as in use at

other institutions; then the spaces between the sides of the splint and the limb are filled with cotton-wool soaked in melted wax; next a roller soaked in the same material is applied around the limb and splint above and below the wounded parts. The wound itself is treated strictly on Lister's plan, except that sixteen thicknesses of gauze instead of eight are used, but no oil-silk or mackintosh. Another point is that one-third of the mattress is removed from the footboard end of the bed, and the cradle for swinging rests immediately upon the corded webbing of the bedstead. This much facilitates the dressing of the wound, and does away with the inconvenience of draw-sheets, while the other limb rests quietly upon a pillow raised to the same level as the mattress itself.

By adhering to this method, Mr. Howse has had excellent results with respect to limb as well as to life. The mortality indeed has been very small, for out of twenty-seven cases he has lost but two—one patient died of pyæmia, whilst ulceration and sloughing were going on about the leg not operated upon, and after firm union had taken place between the bones at the seat of the excised joint; whilst the other died of tubercular meningitis, and had tubercle deposited in several of the abdominal viscera.

#### The Communication of Tubercle in Food.

The *Edinburgh Medical Journal* states that Professor Gerlach, of Berlin, details an elaborate experimental research on the question, whether tubercular matter, or the flesh of tubercular animals, can communicate or excite tubercular disease if taken as food? The method employed by Gerlach was to introduce into the stomach of the animal one or two doses of tubercular matter. The effects, if any, were observed; and if the animal did not die from these, it was killed some weeks or months after the administration of the substance, and a post-mortem examination was made. Great is the importance of the inquiry, not only from a hygienic point of view, but also as relating to the etiology of tubercle, and its transmissibility in the human race. The conclusions arrived at by Professor Gerlach may be summarized as follows:—

1. There is a specific virulent material in tubercle, and many of the symptoms of tubercular disease are due to the absorption of this virus.
2. This virus exists in tubercle in all its stages, but apparently in greater intensity in cheesy masses. It is found in recently formed tubercle, and in miliary tubercle.
3. The infection begins first in the mucous membrane of the mouth, and if the tubercular matter be in contact a sufficient length of time with the mucous membrane of the alimentary canal, it may communicate the disease to the whole lymphatic system.
4. While tubercular disease has special characters in different animals, all tubercular matter, when introduced into the alimentary



canal from one species to another, is more or less virulent.

5. The tubercular matter of birds, especially that of the common hen, is very virulent, and is identical in its action with that of mammalia.

6. The fibrous tubercle of horses, without a trace of cheesy formation, is just as infectious as the miliary tubercle of cattle.

7. The flesh of tubercular animals is also infectious, though in a much less degree than tubercle itself.

8. Tubercular material cooked for a quarter to half an hour is still infectious, though in a much less degree than that not cooked.

9. The effects of poisoning by tubercular matter taken into the alimentary canal are irritation of the mucous membrane both of the alimentary and respiratory tracts, enlargement and tenderness of the lymphatic glands, enlargement of the bronchial glands, and the formation of tubercle in the lungs and other organs.

#### The "Breathing Cure" in Diabetes.

The American traveler, John Catlin, shortly before his death, wrote a little book with the emphatic title, "Shut Your Mouth!" He insisted that many diseases were encouraged by breathing through the mouth instead of the nose. The following case, given in the *Lancet*, by Dr. Charteris, is in point:—

While treating two cases of diabetes in my wards in the Royal Infirmary, I became acquainted with the details of the following case, from the personal narration of the patient:—

A. B., aged fifty-two, in an excellent business position in the city, in 1869 became aware of his having diabetes, and his usual medical attendant ordered him a diet consisting of beef and milk, and dry toast. At that time he voided daily about 250 ounces of urine, with a specific gravity of 1044. He continued under that treatment for about a year and a half. The specific gravity of the urine under this treatment was 1020, but though low it was still loaded with sugar whenever it was tested. His weight had decreased to 11 stone, and he was becoming despondent and extremely feeble, when he made, as he terms it, his discovery about diabetes. He found that he commenced to wheeze when he breathed the cold air, and that it ceased on his return to a warm room. On putting his head below the bedclothes a slight perspiration came upon him, the saliva returned, and his tongue and mouth became moist, instead of dry, as formerly. When he withdrew his head again, and breathed in the open air, his mouth and tongue again became dry and parched. This moistness and dryness of the mouth alternately occurring under the conditions mentioned having arrested his attention, the question arose in his mind, how could this moisture be obtained without remaining in bed? To accomplish this he put on a respirator, and also a knitted woolen cloth over both the respirator and his nostrils when in the house, or even in bed, and was careful in protecting

the nostrils as well when he went out. He also began to practice breathing through the nostrils alone, and found that breathing exclusively in this manner, day and night, except when engaged in conversation, was highly beneficial. Having perfected himself in respiring by the nostrils alone, he laid aside both the respirator and the cloth, only muffling himself carefully up when he went out at night or in frosty weather. He avoided going out at night as much as possible, and refrained from all cold diet or drink, invariably taking them warm. Under this treatment an amendment was apparent in less than fourteen days, and in less than a month it was very marked. The quantity of urine and sugar steadily decreased, while his weight increased, so that in six months he had regained his usual weight of 13½ stone. The sugar at the same time disappeared from his urine, and he acquired his usual health and spirits. He has continued in this favorable condition for the last two years, and in addition to the milk (heated) which still forms his staple article of diet, he is able to take some toasted bread and potatoes, and in addition a glass or two of wine at dinner. In fact, he lives like any other temperate man, and, being a very intelligent person, he has formed his theory in regard to the treatment, as already mentioned. Briefly expressed in his own words, it is this:—"Hitherto the attempt has been made to prevent production of sugar by giving a non-saccharine diet. This is no doubt perfectly correct, but in addition to this the treatment I adopted was intended to promote the consumption of sugar produced. This design of consuming sugar by breathing through the nostrils in warm weather or by means of a respirator, is, that when the proper quantity of sugar has been consumed, the abnormal production will then cease. The aim of this treatment is to raise the blood-heat to its proper temperature, and to restore to the lungs their partially lost combusive power, and so enable them to consume as much secreted sugar as will maintain the blood at its proper temperature. When that purpose is accomplished the organs will regain their proper function, and the patient recover."

#### The Diagnosis of Secondary Heart Affections.

In an article in the *Lancet*, Dr. J. M. Fothergill says:—

In forming a diagnosis of secondary affections of the heart, and determining that the heart symptoms are really consequential to some prior and causal disturbance of the circulation, there are several points deserving of special notice.

1. The attacks of dyspnea, palpitation, or sensation of heart stoppage are not induced by effort, but come on independently of any exertion. They not uncommonly come on during great quiet, and even when lying in bed. Not rarely they permit of active exertion, which does not tax the heart in this class of cases; whilst in primary affections of the heart effort always—or almost always, to be very safe—re-



veals the existing adynamy. A little active movement will render the evidence of true heart failure more pronounced, as I remember well in an old man who used to take a sharp turn round the house to illustrate how exercise made his heart palpitate; while in pure cases of secondary heart affection exertion does not induce the attacks.

2. The pulse is not that of cardiac debility; even when the pulse is very irregular there is a force about it which resists compression, quite different from the irregular compressible pulse of cardiac dilatation. There is indeed the sustained pulse of high blood pressure in the midst of the irregularity, or intermittency. Not rarely, if the arteries are atheromatous, the irregularity is found along with a full sthenic and powerful pulse—a combination, once well noted, ever afterwards recognizable, though not described by words. It is a matter of no slight moment to become familiar with the pulse of these conditions. The feeling of the pulse here is not a mere formal matter, but a measure which often gives valuable indications and directs the line of investigation to be pursued.

3. The first sound of the heart is good usually—loud, clear, and of fair intensity. It preserves its muscular sound, and is not simply valvular, and does not approach the second sound in character. When there is much hypertrophy, the first sound is loud and long. Not uncommonly there is some reduplication of the first sound from delay in the contraction of one of the ventricles. On examination of the heart, it is found acting well and not giving evidences of lack of power. The rhythm may be disturbed; but there are not evidences of heart failure accompanying the disturbed rhythm.

4. The second sound of the heart is accentuated. This is a most important diagnostic point. In primary disease or debility of the heart, this symptom is never found; in the forms of heart trouble which are the consequences of some prior disturbance of the circulation, causing a rise of blood-pressure in the arteries, this objective symptom is never wanting. The accentuation of the second sound will, of course, be more or less intense, according to the rise in the blood pressure. It may be found at both the pulmonary and aortic valves. It is most distinct, however, at the aortic valve; and heard most loudly at the second right costo-sternal articulation. The semi-lunar valves are closed by the recoil of the elastic arteries; if then the tension in the arteries is increased, these valves will be closed with unwonted force, and their closure produces an accentuation of the normal sound. Such accentuation is ever found in the pulmonary valves when the mitral valve is diseased; here it is the measure of the engorgement of the pulmonic circulation. When heard at the aortic orifice this accentuation may be associated with aortic aneurism, with general paralysis of the insane, or with the general rise of blood pressure in lithiasis. It is easy to separate these conditions. The Germans attach great importance to this objective symptom, as

might be supposed from their general high estimate of signs whose existence and explanation are clear and rational. If the second sound is produced by the recoil of the elastic arteries, when the blood pressure is abnormally high this sound will be unusually loud.

#### Hot Water in Uterine Inflammation.

In the report on Gynecology, to the New Hampshire Medical Society, Dr. W. W. Wilkins says:—

If the hand be immersed in hot water, and retained there a few minutes, it looks redder than usual, and swollen; but if we retain the hand in the warm bath for ten or fifteen minutes, its appearance is entirely changed, it looks paler than usual, and the skin is shriveled. The blood is driven out of the vessels, and we have in this way accomplished for the hand what the surgeon attains by the elastic stocking for the leg. To apply this in the treatment of uterine inflammation, certain conditions are necessary. First, a requisite degree of heat. Cold water will act as an astringent to the dilated vessels, but its effect is soon lost; and by the reaction that follows, the congestion is increased rather than diminished. By the hot water the vessels are first dilated, and subsequently thrown into a state of rigid contraction. To accomplish this depleting effect on the uterine vessels, the water should be warmed to 98° or 100° Fahrenheit, or as warm as can be tolerated without pain; second, it should fill the vagina, and act on all parts of its surface. As the syringe is ordinarily used, but a small portion of the mucous membrane is subjected to the action of the injection. In the sitting posture the body is cramped up by the flexed limbs and bent spine, and the chances are that the pipe of the syringe will rest on the walls of the vagina, and that little or none of the injection will reach the womb. But even if it did, its running immediately away would still prevent its having that continuous action which is essential in getting benefit from its use. Consequently, the patient cannot use the syringe herself: some competent nurse must do it. The patient should be placed on her back, with her hips raised; for in this position the warm water will come in contact with every part of the vaginal mucous membrane, exerting its influence directly on that segment of the womb which is received into the vagina, and through these parts on the entire pelvic circulation; third, it should be continued for a sufficient length of time. The use of warm water for a few moments would only tend to increase the congestion, and very probably enhance all the disagreeable symptoms arising from it; but continued for some time, ten or fifteen minutes, the water being injected slowly, the blood vessels, by contracting, will have expelled the blood, and the parts will be blanched. After the use of the hot-water injection, the patient should have absolute rest. A favorable time for using it is just before retiring at night. The injection will soothe the nervous system,

and predispose the patient to rest, while the quiet of a good night's rest prolongs the beneficial effect of the injection.

Patients not unfrequently complain of the debilitating effects of the hot-water injection; but this feeling of weariness soon passes away, and after the first few days they cease to complain of it. The beneficial effect of the hot water may be prolonged by the use of an astringent injection once or twice a day. Tannin and chlorate of potash are as useful here in allaying congestion as when used in catarrhal inflammation of the mouth and pharynx. An ounce of chlorate of potash, with half an ounce of tannin, dissolved in a quart of water, forms a convenient solution, of which a cupful, with an equal quantity of warm water, can be used for one injection.

## REVIEWS AND BOOK NOTICES.

### BOOK NOTICES.

*Transactions of the Michigan State Medical Society for 1875.* Lansing, 1875.

The first twenty pages of this volume are taken up with the minutes of the meeting and the President's address, by Dr. Kedzie. The latter is upon ozone, and, though carefully compiled, leaves the subject pretty much where he found it, he seeming to have formed no opinion as to the relation of ozone to health, which is the question at issue. Dr. Peter Stewart gives a singular case of a boy with a third testicle, which simulated hernia so strongly that herniotomy was performed. Dr. J. P. Stoddard calls attention to the value of permanganate of potash as a dressing to fetid wounds. A number of cases of cataract are reported by Dr. Eugene Smith, of Detroit. These articles and the biographical notices, etc., make up a volume which speaks well for the profession.

*Transactions of the Twenty-fifth Meeting of the Illinois State Medical Society.* Chicago, 1875. 1 vol., cloth, 8vo, pp. 288.

In this neatly printed volume appear, in full detail, the minutes of the meeting, and the reports of the various committees appointed to examine the progress of different branches of medical science. Thus, we have reports on scarlatina, insanity, hernias, obstetrics, phthisis, small-pox, whooping cough, shortening in fractures, gynecological instruments, the anatomy of serous membranes, the institutions for the deaf, dumb, and feeble-minded, etc. In the

first mentioned of these reports, Dr. J. P. Walker details a "new plan" for the treatment of scarlatina, to wit, by iodide of potash, which, he says, "appears to possess the most remarkable powers over the whole course and sequelæ" of the disease. In 250 cases, not one proved fatal. To a child of five years of age he gives half a teaspoonful every two hours of the following prescription:—

R. Potass. iodid,	ʒi
Syrup. scillæ,	ʒij
Tinct. verat. virid.,	gtt. iij. M.

until the temperature decreases, when the dose is to be lessened gradually. Rubbing with bacon, fat pork to the throat, and a gargle of salt, vinegar and honey, complete the treatment. Dr. Charles W. Earle recommends quinine in whooping cough. Most of the articles in the volume are of a practical character, and it will be found a valuable contribution to the medical literature of the year.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Among our weekly newspaper exchanges which are always welcome are "The Evangelist," "The Independent," of New York; "The Presbyterian," of Philadelphia; "Presbyterian Banner," of Pittsburg, Pa.; "The Methodist," and "Christian Advocate," of New York; and "Zion's Herald," of Boston. Of the secular papers deserving especial notice are "The Germantown Telegraph, an unrivalled paper;" "The Cincinnati Gazette," "The Weekly State Gazette," Trenton, N. J.; and the "Vermont Journal," which, although having changed its name, still retains its high character as a family newspaper.

—We have read "From Jest to Earnest," by Edward P. Roe, with more interest and pleasure than are usually derived from works of the same kind. It is much less sensational than his "Barriers Burnt Away," and the moral tone of the book is excellent.

While we hope there are few young ladies who would attempt such a heartless jest as the heroine of this book, we must congratulate Mr. Roe on the successful triumph of the influence of true religion in the character of his young missionary.

The book is published by Dodd & Mead, of New York.

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 PHILADELPHIA, PA.

**THE MATHEMATICAL LEANINGS OF PHYSIOLOGY.**

In the preface to his *Physiology*, Dr. Dalton comments on the growing use of mathematics in chemistry, physiology, and the allied sciences. As an example of this, we may quote the fact that during the late Medical Congress of Brussels, M. Marey gave a conference for the purpose of exhibiting the various mechanical contrivances with which he gives mathematical precision to physiological research.

M. Marey observed that, until within a recent period, every investigator built up a physiology of his own, arbitrarily assigning certain functions to individual organs. Now, however, modern physiologists chiefly rely upon the aid afforded by exact methods and accurate apparatus borrowed from physics and mechanics.

The audience were much struck and interested by the experiments brought before them, illustrating chronography, viz., the measurement of motion through time and space. The apparatus

is self-registering. Then came ingeniously constructed myographs, pneumographs, and cardiographs. An instrument by which the rapidity of the circulation of the blood can be accurately determined was subsequently shown, as well as one intended to register temperatures.

As to the ear, an important aid has just been proposed by Dr. Weber Liel. This physician showed, at the Congress of Grätz, a very cleverly contrived ear microscope, which, with the ordinary sunlight, not only shows the membrana tympani enlarged fifteen diameters, but the normal and pathological movements of its different sections. These latter phenomena are made manifest by connecting the membrane with an india-rubber tube and a box, in which organ-pipes have been adapted. The sounds of the latter will indicate the force of the movements. Advantage is also taken of the reflected light afforded by starch dropped on the membrane.

The study of statistics has been greatly enlarged in recent years, by a closer application to their discussion of the mathematical theory of probabilities and the methods of the higher calculus.

Why the reduction of all physical observations to mathematical expression is necessary in order to elevate any study to the rank of a science, is perhaps worth more particular explanation.

The knowledge we derive through the senses is, as Helmholtz has amply shown, utterly deceptive and distorted. The objects, for instance, which we see with our eyes, are, as he expresses it, mere conventional symbols of such objects; no more like what they really are, to use his strong simile, than the word "horse" is like the animal horse. Now, science aims to translate this knowledge of the senses, deceptive and fluctuating, into knowledge of the reason, which alone is fixed and real. The reason, however, does not deal with phenomena at all, but only with types, abstract forms and laws, which prescribe the conditions of the phenomena. Such

types, etc., display their relations through quantity, with which mathematical reasoning occupies itself. Science, which is the knowledge of system, can only attain its aim when all the facts it observes are reducible to expression in formulæ which indicate the law of the facts. Hence the tendency above noted.

#### ARSENICAL POISONING.

The subtle and dangerous forms in which the poison of arsenic presents itself to its victims, require especial watchfulness on the part of the physician. Sometimes an obscure and inexplicable case is found to be diseased by some unthought-of exposure to arsenical vapors.

Take, for instance, wall-paper. That green paper often derives its hue from Paris green, is familiar even to non-professional persons. But, as Professor Cameron remarks, in the *Medical Press and Circular*, other shades and colors are now derived from arsenical pigments. He narrates the case of a family, all of whom manifested symptoms traceable to arsenical poisoning. The Professor examined the paper hangings. Out of seven kinds of paper, six were found to contain arsenic. No. 1, an olive-green paper, with deep green flowers and gold-like lines, contained an immense amount of arsenic in the two green colors and the gold. No. 2, a faint lavender-watered paper, contained arsenic in large amount. No. 3, a white paper with gray flowers, contained a very large amount of arsenic. No. 4, a paper with red and green flowers on a gray ground, was highly arsenical. No. 5, a dark olive-colored paper, with gilding, did not contain much arsenic. No. 6, a pale green and white paper, also contained only a small amount of arsenic, much less than was put on the lavender paper. The family had not suffered from the symptoms of arsenical poisoning until shortly after the house was papered with the above, and the symptoms disappeared shortly after they left the house, preparatory to the removal of the paper.

The manner in which this poison acts on the

system has lately received some additional light. Dr. H. Fleck has shown, in a series of interesting and important experiments, that there is arseniuretted hydrogen in the air of rooms the walls or the carpets of which are colored with Schweinfurth green. The dust of arsenic mechanically diffused in the air is therefore not the only cause of chronic arsenical poisoning. We must add the arseniuretted hydrogen gas evolved from the decomposition of the free arsenious acid existing in the green. The experiments of Fleck prove that this gas is liberated under the joint action of organic matter and moist air, and its presence is, therefore, possible wherever free arsenious acid comes in contact with organic matter.

Quite recently it has been learned that a substance is used in artificial port wine (which includes 99 per cent. of that stuff sold in this country) which is, in some cases, dangerous, especially when partaken of by the feeble, delicate and convalescent. It is an artificial coloring, which, Shuttleworth says, consists of a mixture of azalin and magenta red. The aniline colors, objectionable in themselves, are the more dangerous, because they not unfrequently contain arsenic. The adulteration is detected by shaking the suspected wine (and all cheap wines are to be suspected) with an equal volume of amylic alcohol (fusil oil). If the wine is genuine port, the amylic alcohol remains colorless; but if adulterated, it dissolves out the coloring matter, and itself appears of a purple-red color.

Of the forms in which the action of this poison may manifest itself, a baffling one is arsenical paralysis.

Dr. Scodossoff, of Moscow, has had the opportunity of observing two cases of this rather rare disease. The paralysis affected the extremities exclusively, and was more marked at the part furthest from the heart. The cases were marked by (1) alterations of all kinds of sensibility; (2) extreme muscular atrophy, with loss or diminution of electro-muscular contrac-



tility, both faradic and galvanic; (3) alteration of the circulation and nutrition in the extremities, as proved by decrease of temperature, cedema, change of color, etc.

It has been remarked that gangrene of the extremities has been seen in similar cases to those recorded by our Russian *confrère*. Arsenical paralysis resembles in some respects that caused by lead, while in others it is not unlike poisoning by ergot.

## NOTES AND COMMENTS.

### Infusion of Matico in Uterine Hemorrhage.

Dr. W. Draper, of York, writes to the *British Medical Journal*:—Some years ago, when, as resident obstetric officer to the Middlesex Hospital, I had ample opportunity for testing the relative value of different forms of intra-uterine injections, I gave infusion of matico a fair trial; but, after due observation of its action in several cases of *post-partum* hemorrhage, of which cases, unfortunately, I have no record beyond that which my memory retains, I could not consider it, or, indeed, any other injection which I tried, so prompt and decided in action as the solution of perchloride of iron, used after Dr. Barnes' method. In other forms of uterine hemorrhage, I found strong infusion of matico a valuable hemostatic.

### On Nævi.

Dr. John Duncan read a paper on these disfigurements before the Edinburgh Medico-Chirurgical Society. He stated that two-thirds, or fewer, increased at the second dentition, and at puberty more diminished, either by the *vis medicatrix naturæ*, or by the efforts of the surgeon. In the former case, the port-wine stain was left, and likely to remain. Those left now become deforming to the patient, or they might ulcerate or bleed. There was little alarming in the two last-mentioned results. In the former, a cure generally resulted; and, in the latter, any hemorrhage could easily be controlled. In those causing deformity, the two classes of stationary and spreading could be recognized. In the former, puncture with a needle dipped in nitric acid was the best plan. Pressure might be applied, but it did little good. Painting the nævus with collodion was

one means of doing so. In the spreading nævi, the remedies could be divided into those avoiding, and those leaving, a scar. The first should be used in prominent situations; the second in places that were covered. Dr. Duncan then considered the various methods, showing where any special method was contra-indicated. The best coagulating fluids were perchloride of iron and carbolic acid. They should, however, never be used unless the part treated could be isolated. It was difficult so to regulate the dose as to avoid sloughing, and yet not do too little.

### Ulcerated Nipples.

M. Legroux (*Annales de Gynécologie*, Nov., 1875) advises the following treatment: Spread with a camel-hair brush a layer of elastic collodion around the nipple, in a radius of an inch or more; a piece of gold-beater's skin should then be placed over the nipple and collodion, taking care to make a few holes with a pin over the part of the gold-beater's skin which covers the nipple, so as to allow the milk to ooze through. No collodion should be spread on the nipple itself, as some pain might thereby be occasioned. By the rapid evaporation of the ether the collodion dries up, and the gold-beater's skin adheres. The nipple is then more or less pressed down by the latter, which in drying becomes tense. When the child is to be nursed, the end of the nipple should be wetted with a little water. The gold-beater's skin which covers it becomes soft and supple, allows the nipple to swell, and protects the ulcers and fissures from the strain of suction. The mother or wet-nurse thus suffers no pain, and the ulcers heal in a few days.

### Skin-Grafting on Stumps.

At a Surgical Society in London, lately, Mr. Berkeley Hill exhibited a female, twenty-nine years old, from whom he had amputated the left thigh at the hip, on August 12th, 1874, to remove a very large rapidly growing tumor of round-celled sarcoma. The new growth completely imbedded the femoral artery, so that the anterior flap was dissected from it; and, thus deprived of its nutrient vessels, it sloughed as high as two inches above Poupart's ligament. The after-healing occupied several months, during which time more than one hundred skin-grafts were transplanted. The strain on the healing surface, caused by the weight of the

buttock, was at length effectually supported by a frame bearing round the pelvis, which thrust forward the buttock by a spring and pad. This was worn till cicatrization was complete. The patient was exhibited, fifteen months after the operation, in excellent health; no recurrence of the sarcoma being apparent in the lumbar glands of liver; and the scar was small, soft, and supple, and easily movable over the pubes and iliac spines, the islands of skin-grafting being very distinct. The acetabulum, dry and free from scabs, was filled up to a cavity about as large as half a walnut shell.

#### Tying the Carotid for Facial Neuralgia.

At the last meeting of the German Society of Physicians and Naturalists, Dr. Patruban read a paper on this operation, in which he offered no theory as to the mode in which it acts, but grounded his defence of the operative measure on the results obtained. He proposes to operate in this manner when all other means have failed, and the patient insists upon relief at any cost. He himself had tied the carotid artery under these circumstances thirteen times, and had never noticed any of the symptoms mentioned as often occurring, such as cerebral congestion, vertigo, double vision, squinting, etc. The idea of the operator had been gained by the relief obtained in some cases by simple pressure of the carotid. The author added that no accidents need be feared if the operation is well done.

#### The Early Recognition of Scarlatina.

All acknowledge the importance of recognizing this disease early. For this purpose the throat symptoms are most important. The sore-throat of scarlet fever is very different from other forms of sore-throat, and it is one of the earliest available symptoms, being noticeable from the first day of the attack. The appearance is that of an erythematous redness, affecting the soft palate extensively, thus differing materially from the ordinary forms of tonsillitis, which affect the tonsils only in the first instance. As Trousseau says, whose description of scarlatina is worthy of serious study, "In scarlatina, from the first day of the attack, the vail of the palate has a red hue, analogous to, but deeper than, that of the skin." When this condition of the throat is met with during an epidemic of scarlatina, with a very hot skin

and a very quick pulse, accompanied with or preceded by vomiting, with a tongue with thick creamy fur, red borders, and prominent papillae, the shrewd practitioner will be prepared for a case of scarlet fever.

### CORRESPONDENCE.

#### On "Tuckahoe."

ED. MED. AND SURG. REPORTER:—

In vol. xxxiii, No. 25, dated December 18th, 1875, among "Notes and Comments," you publish an article on "Tuckabo." Permit me to make corrections, and give further particulars. The peculiar "fungus" alluded to by Dr Miller (*lycoperdon solidum*) is an old acquaintance. "Tuckahoe" is the Indian name for it. Sometimes called "Indian Bread," "Indian Loaf" and "Deer Bread." Exteriorly, it has the rough physical appearance of a Guinea yam, and contains starch, cellulose, tannin, water, and perhaps some other extractive. It is found in all the Southern States, from Virginia to the Gulf coast, generally during the planting season, growing in rich alluvial soil below the surface. No vestiges of this "fungus," as an outgrowth, can be found, at any season, above the ground. It presents as true evidence of a spontaneous growth, from organic relations of the soil, as anything known that is found under the surface of the earth. It has long been used by the Indians, and by many inhabitants of the South, as a medicine, usually grated and boiled with fresh milk, like arrowroot, as a remedy for cholera infantum, diarrhoea and dysentery. Deer are very fond of it; it is alleged that they can scent it in the soil, and dig for it with their hoofs, for food; hence the name of "Deer Bread."

GEORGE W. LAWRENCE, M.D.

Resident Physician, Hot Springs, Ark.

#### Prof. Lister's Antiseptic Method.

ED. MED. AND SURG. REPORTER:—

In a recent editorial, you called our attention to the antiseptic treatment of wounds as practiced by Prof. Lister. To this Dr. R. J. Lewis replied in a manner calculated to mislead many of your readers, who ought to become acquainted with the views and practice of the distinguished Scotch surgeon.

In the month of July, 1870, I visited the Royal Infirmary in Edinburgh, and became acquainted with Professor Lister and his assistants. I saw him make several important operations under what he called "carbolic spray." An apparatus not unlike a Mattison's syringe was used by an assistant, throwing the spray upon the part. In this manner he attempted to exclude the atmosphere from the wound during the time of the operation. He did not claim that the spray thus applied excluded the atmosphere entirely, nor that it could

be used with equal advantage in all cases. He simply used it as the best means his experience had suggested for the purpose.

His style of dressing is simple, though evidently more expensive than the ordinary dressing on account of the quantity of carbolic acid used. He had two kinds of this material manufactured for his special use, a coarser and a finer article. Usually he applied both of them around the bandages, including the entire foot, knee, hand or arm, and sealing the edges upon the sound integument with adhesive straps. After the lapse of one, two or three days, he would pass the nozzle of an ordinary syringe under the straps and throw upon the wound a lotion of carbolic acid, while the bandages were removed and others were applied.

We cannot agree, therefore, with Dr. Lewis in stating that "his general plan of dressing allows more atmospheric contact than any of the ordinary methods of covering wounds," or that "the anti-septic gauze used by him allows free permeation of air."

If suppuration, redness, swelling and pain, without any mention of pyemia and erysipelas, can be prevented in any measure by such means, American surgeons should not be the last to adopt the new method.

Carlisle, Pa.

R. L. SIBBET, M. D.

## NEWS AND MISCELLANY.

### The Emperor of Brazil's Grandchild.

Some time ago we mentioned that Professor Depaul, of Paris, had been called to Rio Janeiro to attend the Imperial Princess, the Countess d'Eu, in her confinement. After nine years of sterile married life, the Countess, the daughter of the Emperor of the Brazils, became pregnant after consulting Dr. Depaul in Paris, and following the treatment he recommended; but the child which was born was born dead. She became again pregnant, and this time the Emperor solicited Depaul to come out himself, and conduct the delivery. On his arrival at Rio Janeiro he met with a most frigid reception from almost every one except the immediate attendants of the Princess. The newspapers were against him, and the native physicians gave him the cold shoulder. On the day of the accouchement he found himself at the bedside of the Princess alone and without assistance. After a thirteen hours' labor, which had to be ended with the forceps, a baby weighing twelve pounds was at last brought into the world; but for an hour it was doubted whether it would survive, and it was only after artificial respiration and other measures had been vigorously tried that it gave signs of life. However, it is now a healthy child. The most curious and amusing feature about Dr. Depaul's visit was the revulsion of public opinion in his favor when the successful result of his visit became known. The papers praised him, his *amis* congratulated him, and the academies and

scientific bodies sent him crowns and addresses; he was invited to banquets, and was *fêted* in a wonderful way. "After the event," says Depaul, "my room was never empty from morning till night, and I was obliged, in spite of a determination to the contrary, to give consultations. In less than eight days, 15,000 francs' worth of piastres were laid on my table as fees." Professor Depaul has certainly good reason to be satisfied with his trip across the ocean.

### Orthopedic Hospital.

The annual meeting of the contributors to this hospital was held a week or two ago. Mr. Alfred Jones, on behalf of the board of managers, presented the eighth annual report, from which we gather the following statistics:—

Seven hundred and fifty-three new and distinct cases were treated for deformity and nervous diseases at the daily service for out-door patients, of whom 598 were residents of this city; 112 cases were admitted to the wards of the hospital, of whom 49 were of Philadelphia; 5381 applications of electricity were applied by the physician of the hospital.

### Hard on Physicians.

The new Austrian law enacts that medical men, midwives, and apothecaries are liable to a fine of one hundred florins or less for refusing or delaying their assistance in urgent cases. Petitions, signed by medical societies, are pouring into the houses, complaining of this clause. It is evident that the application of it would be fraught with great difficulty, as it is not easy to define what an urgent case is. Besides, such a clause is an attack upon individual liberty.

### Personal.

—We record with real regret the death of the eminent surgeon and philanthropist, William Acton, F. R. C. S. He has long been known as a writer on the diseases of the urinary and generative organs, on prostitution, and on allied subjects. His "Practical Treatise on Diseases of the Urinary and Generative Organs in Both Sexes (Non-specific Diseases and Syphilis)" has reached a fourth edition, and his work on "The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life," a sixth edition. He also published works, or pamphlets, on "Prostitution, Considered in its Moral, Social and Sanitary Aspects, in London and other Large Cities and Garrison Towns, with Proposals for the Control and Prevention of its Attendant Evils;" and on the Contagious Diseases Acts. And he has supplied numerous papers to the societies and the medical journals on similar subjects—on "Illegitimacy," on "Unmarried Wet-Nurses," and the like topics. His death occurred December 7th, at the age of 62, from fatty degeneration of the heart.



—Dr. Samuel G. Howe, of Boston, founder of the Institution for the Blind, died January 9, of tumor at the base of the brain, aged 74 years.

—Dr. Wm. Boeck, an eminent physician, died at Christiansa, Norway, on the 10th of December. He was well known both in Europe and the United States, having made a tour of this country in 1870, and advocated the idea of curing certain virulent diseases, other than small-pox, by vaccination.

—Dr. Gerlich has been appointed German Vice Consul at New York, vice Herr Feigel, who has been appointed consul at Havana.

#### The State Hospital for Women and Infants.

The report of this excellent institution, for 1875, gives a gratifying representation of its continued advancement. Of its obstacles to progress, the report remarks, one is to be found in the fear indulged by some that the way of the transgressor is made easy by the opportunities of such an asylum. On the contrary, the patient is expected and required to pay for the advantages offered, according to her means, and, if destitute, under circumstances which seem to excuse the fact, she is bound by contract to reimburse the institution from her subsequent earnings. The male offender is also, if known, dealt with according to circumstances, with a view to compel marriage or support.

#### Items.

—The Governor of New York, in his late annual message, protests against the policy of building "palaces" for the insane. Three asylums and a reformatory, on the Hudson river, at Buffalo and Middletown, and at Elmira, have already cost \$3,000,000, and how much more they will cost is a matter of conjecture. The Governor asks a thorough inquiry into the administration of the State prisons, which is said to be unsatisfactory.

—In the Paris Faculty of Medicine, as the final issue of the prolonged and often renewed deliberations, the Faculty has chosen Prof. Vulpian as Dean, and Professors Sappey and Broca as his assessors.

#### QUERIES AND REPLIES.

##### Basham's Mixture.

MR. EDITOR:—Will you oblige one of your oldest subscribers, by publishing, in your next number of the *REPORTER*, Basham's mixture (tinct. ferri chloridi and liquor ammoniac acet.), and the mode in which it is used in Bright's disease? A. Z.

Reply.—In Dr. Basham's work "On Dropsy, third edition, p. 218, he gives directions for this mixture as follows:—"A few drops of the tinct. ferri chlor.

according to the age of the patient, are added to a drachm of liq. ammon. acetat., previously addulated by acetic acid." Five to ten minims of the tincture to be given in this manner, three times a day. He adds, "small doses are better than large."

#### MARRIAGES.

**BROWN-RUDMAN.**—In this city, December 15th, at the residence of the bride's mother, by the Rev. A. A. Ricket, Alexander Brown, M. D., and Bertha J. C. Rudman, youngest daughter of the late William C. Rudman.

**DREW-WILLIAMS.**—In North Troy, December 28th, by Rev. A. J. Chandler, Dr. A. E. Drew and Jennie V. Williams.

**EBAUGH-MCCLEMENT.**—At Calvary Baptist Church, Fifth street, below Carpenter, by the pastor, Rev. J. H. Parks, December 28th, W. C. Ebaugh, M. D., and Miss Abbie McClement, all of this city.

**FEIGEY-DAVIS.**—On the 16th ult., by the Rev. J. Alpha Mullin, Dr. M. B. Feigey and Miss Sallie A., daughter of N. C. Davis, Esq., all of this city.

**GERSTER-WYNNE.**—At the residence of the bride's parents, on Tuesday, December 14th, by the Rev. Prof. L. J. Evans, Dr. A. G. Gerster, of Brooklyn, N. Y., and Anna B., eldest daughter of John Wynne, of Cincinnati, Ohio.

**HARRY-SLINGLUFF.**—On December 23d, by the Rev. A. Weddell, at the residence of the bride's parents, Dr. John W. Harry, of Conshohocken, and Miss Laura Slingsluff, of Norristown.

**ORTEGUS-MASON.**—At St. James' Church, Paddington, London, on December 15th, 1875, by Rev. J. Twissday, Dr. J. Lindsay Ortegus, of Pathhead, Fife, Scotland, and Louise Carille, daughter of John M. Mason, of Yonkers, Westchester county, N. Y.

**PORTER-BEATTY.**—December 30th, by Rev. Wm. M. Ridgway, Charles H. Porter M. D., of Moorestown, N. J., and Miss Sarah A. Beatty, of this city.

**ROSENBERGER-ALLEBACH.**—On the 16th ult., by the Rev. D. E. Klopp, Henry D. Rosenberger, M. D., and Mary A. Allebach, both of Montgomery county, Pa.

**SHOEMAKER-LOGAN.**—On the evening of the 5th instant, by the Rev. Frank Robbins, Dr. J. V. Shoemaker, of Philadelphia, and Miss Jennie M. Logan, of Pittsburg, Pa.

#### DEATHS.

**DUER.**—After a short illness, Dr. George B. Duer, in the 68th year of his age.

**MAIRS.**—On Saturday, January 1st, 1876, James Mairs, M. D. in his 81st year.

**PARKER.**—In this city, on Saturday, 18th ult., Dr. Joseph E. Parker.

**PERRY.**—In Providence, R. I., Carrie Grace, daughter of Dr. G. B. Perry, M. D., of No. 25 Bedford ave., Brooklyn, aged 14 years.

**REISIG.**—Suddenly, on Saturday evening, Jan. 1st, Dr. Adolph Reising, in the 77th year of his age.

**RUSS.**—In Pomfret, Vt., December 28th, Dr. Kimball Russ, 75 years of age.

**SHARP.**—At Charleston, S. C., December 23d, 1875, John Sharp, M. D., only son of Jacob and Mary Sharp, of Cherry Valley, N. Y.

**STRATTON.**—At his residence, in Mount Holly, N. J., on Wednesday, the 29th ult., Benjamin H. Stratton, M. D., in the 72d year of his age.

**VAN KLEEK.**—Suddenly, on Sunday morning, January 2d, at his residence, No. 230 East Seventeenth street, New York, Dr. John R. Van Kleek.

**WISTAR.**—December 26th, 1875, Jane C. Wistar, beloved wife of Dr. Richard M. Wistar,